SPL Path. Lab.

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E-mail : spl.tabagra@gmail.com
95208 64501, 95208 64502 95208 64501

Date	26/12/2025	Srl No.	3003		
Name	MR. BANKEY BIHAR MAHESHWARI	Age	78 Yrs.	Sex	Male
Ref. By	Dr. ANKIT VERMA M.B.B.S.		P/V-209		

HAEMATOLOGY TEST REPORT

COMPLETE BLOOD COUNT

Test Name	Value	Unit	Normal Value
HAEMOGLOBIN (Hb)	**11.2**	GM %	13.0 - 17.0
TLC (Total Leucocyte Count)	10,200	/cu mm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	76	%	40 - 80
LYMPHOCYTES	20	%	20 - 45
MONOCYTES	02	%	1 - 8
EOSINOPHILS	02	%	1 - 6
BASOPHILS	00	%	0 - 1
R B C (Red Blood Cell Count)	**3.72**	Millions/cm m	4.5 - 6.0
PCV / HCt (Hematocrit)	**32.3**	%	40 - 45
M C V (Mean Corp Volume)	86.8	fl	76.0 - 96.0
M C H (Mean Corp Hb)	30.1	pg	27.0 - 32.0
M C H C (Mean Corp Hb Conc)	34.7	g/dl	30.0 - 35.0
PLATELET COUNT	273	X10³/cu mm	140 - 450
RDW	13.7	%	1 - 15
PCT	0.21	%	0.15 - 0.40
MPV	**7.9**	fl	8.0 - 11.0
PDW	11.9	fl	11.0 - 22.0

MPV (Mean Platelet Volume)

PDW (Platelet Distribution Width)

RDW - Red Cell Distribution Width (RDW) measures variation in Red Blood Cell size Elevated

RDW suggests early nutritional deficiency such as iron ,folate or vitamin B 12 .

MPV - MPV is the measurement of the average size of platelets . A high MPV with low platelet

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Date	26/12/2025	Sri No.	3003		
Name	MR. BANKEY BIHAR MAHESHWARI	Age	78 Yrs.	Sex	Male
Ref. By	Dr. ANKIT VERMA M.B.B.S.		P/V-209		

counts , suggests the bone marrow is producing platelets & releasing them into circulation rapidly.

BIOCHEMISTRY TEST REPORT

Test Name	Value	Unit	Normal Value
BLOOD UREA	16.0	mg%	10.0 - 50.0
SERUM CREATININE	0.80	mg/dl	0.40 - 1.40
Serum Sodium	131.3	mmol /L	135.0 - 150.0
S. Potassium	3.83	mmol /L	3.5 - 5.5

----(End Of Report)----

Checked By

DR. D.S. AGARWAL
M.B.B.S., D.C.P.
PATHOLOGIST

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Add : 106/2 Sanjay Place (GGMI COMPLEX), Behind Sanjay Talkies, Agra-282 002
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95208 64501, 95208 64502 95208 64501

Date	24/12/2025	Srl No.	3008		
Name	MR. B.B. MAHESHWARI	Age	78 Yrs.	Sex	Male
Ref. By	Dr. ARINJAY JAIN (M.D.MEDICINE)		P/V-209		

BIOCHEMISTRY TEST REPORT

Test Name	Value	Unit	Normal Value
Serum Sodium	**128.6**	mmol /L	135.0 - 150.0
S. Potassium	3.72	mmol /L	3.5 - 5.5

——(End Of Report)——

Checked By

DR. D.G. AGARWAL
M.B.B.S., D.C.P.
PATHOLOGIST

24X7 SERVICES
SERVICES
• All Tests have technical limitations.
• In case of disparity test may be repeated immediately.
• Sample Collection Facilities from Hospital, Clinic & Home
• Clinical correction with tests is a must.
• Reports are not valid for Medico legal purposes.
• Sample Collection Facilities from Hospital, Clinic & Home

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Date	23/12/2025	Srl No.	3004		
Name	MR. BANKEY BIHARI MAHESHWARI	Age	78 Yrs.	Sex	Male
Ref. By	Dr. ARINJAY JAIN (M.D MEDICINE)		P/V-209		

HAEMATOLOGY TEST REPORT

COMPLETE BLOOD COUNT

Test Name	Value	Unit	Normal Value
HAEMOGLOBIN (Hb)	**11.7**	GM %	13.0 - 17.0
TLC (Total Leucocyte Count)	**11,700**	/cu mm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	76	%	40 - 80
LYMPHOCYTES	**16**	%	20 - 45
MONOCYTES	02	%	1 - 8
EOSINOPHILS	04	%	1 - 6
BASOPHILS	00	%	0 - 1
R B C (Red Blood Cell Count)	**3.90**	Millions/cm m	4.5 - 6.0
PCV / HCt (Hematocrit)	**33.8**	%	40 - 45
M C V (Mean Corp Volume)	86.7	fl	76.0 - 96.0
M C H (Mean Corp Hb)	30.0	pg	27.0 - 32.0
M C H C (Mean Corp Hb Conc)	34.6	g/dl	30.0 - 35.0
PLATELET COUNT	209	X10³/cu mm	140 - 450
RDW	13.6	%	1 - 15
PCT	0.20	%	0.15 - 0.40
MPV	8.5	fl	8.0 - 11.0
PDW	14.2	fl	11.0 - 22.0

MPV (Mean Platelet Volume)

PDW (Platelet Distribution Width)

RDW - Red Cell Distributon Width (RDW) measures variation in Red Blood Cell size Elevated

RDW suggests early nutritional deficiency such as iron ,folate or vitamin B 12.

MPV - MPV is the measurement of the average size of platelets . A high MPV with low platelet counts , suggests the bone marrow is producing platelets & releasing them into circulation rapidly.

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Date	23/12/2025	Srl No.	3004		
Name	MR. BANKEY BIHARI MAHESHWARI	Age	78 Yrs.	Sex	Male
Ref. By	Dr. ARINJAY JAIN (M.D.MEDICINE)		P/V-209		

BIOCHEMISTRY TEST REPORT

Test Name	Value	Unit	Normal Value
BLOOD UREA	22.8	mg%	10.0 - 50.0
SERUM CREATININE	0.50	mg/dl	0.40 - 1.40
Serum Sodium	126.1	mmol /L	135.0 - 150.0
S. Potassium	4.26	mmol /L	3.5 - 5.5

-----(End Of Report)-----

Checked By

DR. D.S. AGARWAL
M.B.B.S., D.C.P.
PATHOLOGIST

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Date	20/12/2025	Srl No.	13		
Name	MR. B.B MAHESHWARI	Age	78 Yrs.	Sex	Male
Ref. By	Dr. ARINJAY JAIN (M.D MEDICINE)		P/V-209		

HAEMATOLOGY TEST REPORT

COMPLETE BLOOD COUNT

Test Name	Value	Unit	Normal Value
HAEMOGLOBIN (Hb)	**12.0**	GM %	13.0 - 17.0
TLC (Total Leucocyte Count)	8,100	/cu mm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	71	%	40 - 60
LYMPHOCYTES	25	%	20 - 45
MONOCYTES	02	%	1 - 8
EOSINOPHILS	02	%	1 - 6
BASOPHILS	00	%	0 - 1
R B C (Red Blood Cell Count)	**3.99**	Millions/cm m	4.5 - 6.0
PCV / HCt (Hematocrit)	**35.0**	%	40 - 45
M C V (Mean Corp Volume)	87.7	fl	76.0 - 96.0
M C H (Mean Corp Hb)	30.1	pg	27.0 - 32.0
M C H C (Mean Corp Hb Conc)	34.3	g/dl	30.0 - 35.0
PLATELET COUNT	156	X10³/cu mm	140 - 450
RDW	13.1	%	1 - 15
PCT	0.13	%	0.15
MPV	8.5	fl	8.0 - 11.0
PDW	15.2	fl	11.0 - 22.0

MPV (Mean Platelet Volume)

PDW (Platelet Distribution Width)

RDW - Red Cell Distribution Width (RDW) measures variation in Red Blood Cell size Elevated

RDW suggests early nutritional deficiency such as iron, folate or vitamin B 12 .

MPV - MPV is the measurement of the average size of platelets . A high MPV with low platelet

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Date	20/12/2025	Sri No.	13		
Name	MR. B.B MAHESHWARI	Age	78 Yrs	Sex	Male
Ref. By	Dr. ARINJAY JAIN (M.D MEDICINE)		P/V-209		

Test Name	Value	Unit	Normal Value

counts , suggests the bone marrow is producing platelets & releasing them into circulation rapidly.

BIOCHEMISTRY TEST REPORT

BLOOD UREA	25.6	mg%	10.0 - 50.0
SERUM CREATININE	0.70	mg/dl	0.40 - 1.40
Serum Sodium	**126.7**	mmol /L	135.0 - 150.0
S. Potassium	4.11	mmol /L	3.5 - 5.5

SEROLOGY TEST REPORT

C - REACTIVE PROTEIN :

PATIENT'S VALUE : 3.81 mg/L

REFERENCE VALUES :
ADULTS : Up to 6 mg/L
NEW BORNS UPTO 3 WEEKS : < 4.1 mg/L
INFANTS AND CHILDREN : < 2.8 mg/L

-----{End Of Report}-----

Checked By

DR. D.S. AGARWAL
M.B.B.S., D.C.P.
PATHOLOGIST

24X7 SERVICES
• All Tests have technical limitations.
• In case of disparity test may be repeated immediately.
• Sample Collection Facilities from Hospital, Clinic & Home
• Clinical correlation with tests is a must.
• Reports are not valid for Medico legal purposes.

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Date	21/12/2025	Srl No.	13		
Name	MR. BANKE BIHARI MAHESHWARI	Age	78 Yrs.	Sex	Male
Ref. By	Dr. ARINJAY JAIN (M.D MEDICINE)		P/V-209		

BIOCHEMISTRY TEST REPORT

Test Name	Value	Unit	Normal Value
Serum Sodium	**131.4**	mmol /L	135.0 - 150.0
S. Potassium	4.22	mmol /L	3.5 - 5.5

----(End Of Report)----

Checked By

DR. D.S. AGARWAL
M.B.B.S., D.C.P.
PATHOLOGIST

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STANDARD PATHOLOGY

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Booking Time 08:14:14
Sample Collected 19/12/2025 08:17:13
Sample Received 19/12/2025 08:17:15
Reported On 19/12/2025 09:21:04

Date: 19/12/2025 Patient ID: 102593477

Name : MR. B.B.MAHESHWARI CCU-4

Ref. By: DR. ARINJAY JAIN (M.D)

Refd by Lab: G.G.NURSING HOME

Age : 79 Yrs Sex: Male

Sample Type SERUM/EDTA

Investigation COLLECTION ROUTINE PANEL

Test Name	Value	Unit	Biological Ref Interval
	HAEMATOLOGY		
COMPLETE BLOOD COUNT (C.B.C.)			
Haemoglobin (Hb) Method: SLS Haemoglobin	11.2 L	gm/dl	13.0 - 17.0
TLC (Total Leucocyte Count) Method: Electrical Impedance	9330	/cu mm	4000 - 10000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
Neutrophils Method: Flow cytometry / Microscopy	80 H	%	45 - 70
Lymphocytes Method: Flow cytometry / Microscopy	15 L	%	20 - 45
Monocytes Method: Flow cytometry / Microscopy	03	%	00 - 12
Eosinophils Method: Flow cytometry / Microscopy	02	%	01 - 06
R B C (Red Blood Cell Count) Method: Hydro dynamic Focusing DC Detection	3.91 L	Millions/cm m	4.50 - 5.50
PCV / HCt (Hematocrit) Method: RBC Pulse Height Detection	33.4 L	%	40.0 - 50.0
M C V (Mean Corp Volume) Method: Calculated	85.4	Femtoliter	82.0 - 101.0
M C H (Mean Corp Hb) Method: Calculated	28.6	Picogram	27.0 - 32.0
M C H C (Mean Corp Hb Conc) Method: Calculated	33.5	gm/dl	31.5 - 34.5
PLATELET COUNT Method: Hydro dynamic Focusing DC Detection	195	X10³/µL	150 - 450
RDW-CV Method: Calculated	13.0	%	11.6 - 14.0

L Abnormal Low AL Alert Low H Abnormal High AH Alert High

Dr. Tarun Mishra
M.D. (Path.)
UPMCI-23660

Checked by :
DR. RAHUL MITTAL
DCP (Path)

Dr. Sakshi Mishra
M.D. (Path.)
UPMCI-29534

Clinical correlation / histopathological interpretation is indicated. In case of any disparity including machine error or typing error the test should be repeated immediately.

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Kamla Nagar, Agra (Reg. No. RMEE2341535)
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Booking Time	08:14:14
Sample Collected	19/12/2025 08:17:13
Sample Received	19/12/2025 08:17:15
Reported On	19/12/2025 09:21:04

Date: 19/12/2025 Patient ID: 102593477

Name: MR. B.B.MAHESHWARI CCU-4

Ref. By: DR. ARINJAY JAIN (M.D)

Refd by Lab: G.G.NURSING HOME

Age: 79 Yrs Sex: Male

Sample Type: SERUM,EDTA

Investigation: COLLECTION,ROUTINE PANEL

Test Name	Value	Unit	Biological Ref Interval
Red Cell Distribution Width (RDW) measures variation in Red Blood cell size. Elevated RDW suggests early nutritional dificiency such as iron, folate or Vitamin B12.			
PDW	11.8	fl	10.0 - 17.9
Mean Platelet Volume (MPV) Method: Calculated	10.4	fl	7.5 - 11.0
MPV is the measurement of the average size of Platelets. A High MPV with low Platelet Counts suggests the Bone Marrow is producing Platelets and releasing them into circulation rapidly.			
P-LCR Method: Calculated	28.1	%	11.0 - 45.0
Absolute Neutrophil Count Method: Calculated	7.46	X10³/µL	2.00 - 7.00
Absolute Lymphocyte Count Method: Calculated	1.40	X10³/µL	1.00 - 3.00
Absolute Monocyte Count Method: Calculated	0.28	X10³/µL	0.20 - 1.00
Absolute Eosinophil Count Method: Microscopy	0.19	X10³/µL	0.04 - 0.44
BIOCHEMISTRY			
BLOOD UREA Method: Urease	35.20	mg/dl	16.60 - 48.50
SERUM CREATININE Method: Jaffe's reaction	0.74	mg/dl	0.70 - 1.20
SERUM SODIUM Method: Indirect ISE	**131.10** L	mmol/L	136.00 - 145.00
SERUM POTASSIUM Method: Indirect ISE	4.10	mmol /L	3.50 - 5.10

L Abnormal Low AL Alert Low H Abnormal High AH Alert High

Dr. Tarun Mishra
M.D. (Path.)
UPMCI-23060

Checked by: DR. RAHUL MITTAL, DCP (Path)

Dr. Sakshi Mishra
M.D. (Path.)
UPMCI-29534

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STANDARD PATHOLOGY

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Corporate Office : - 5/101 Sonth Ki Mandi, Mathura Road, Agra.
Ph:- 0562 - 4040026, Mob : 7534855577
Reg No : RMEE2227060

Bill No. : 25-26/16577 Date : 19/12/2025

BILL

Date : 19/12/2025 Patient Id : 102593477 Comp.: MR.VISHAL JAROLIYA
Name : MR. B.B.MAHESHWARI CCU-4 Age : 79 Yrs Sex :Male
Ref.By: DR. ARINJAY JAIN (M.D)
B.Time : 08:14:14

Srl. No.	Investigations	Charge (Rs.)
1	ROUTINE PANEL	850
2	COLLECTION	50
	Total charge	Rs. 900

Rs. Nine Hundreds Only

STANDARD PATHOLOGY AGRA

Total Charge : Rs. 900 Net Charge : Rs. 900 Total Received : Rs. 700 Balance : Rs. 200 Booked By: ANUGARH_MESSY

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Booking Time 07:29:53
Sample Collected 18/12/2025 07:40:04
Sample Received 18/12/2025 07:40:05
Reported On : 18/12/2025 08:29:57

Date: 18/12/2025 Patient ID: 102593202

Name : MR. B.B MAHESHWARI CCU-4

Ref. By: DR. ARINJAY JAIN (M.D)

Refd by Lab: G.G.NURSING HOME

Age : 79 Yrs Sex: Male

Sample Type : SERUM EDTA

Investigation : COLLECTION,ROUTINE PANEL

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
COMPLETE BLOOD COUNT (C.B.C.)			
Haemoglobin (Hb) Method: SLS Haemoglobin	10.6 L	gm/dl	13.0 - 17.0
TLC (Total Leucocyte Count) Method: Electrical Impedance	15090 H	/cu mm	4000 - 10000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
Neutrophils Method: Flow cytometry / Microscopy	88 H	%	45 - 70
Lymphocytes Method: Flow cytometry / Microscopy	10 L	%	20 - 45
Monocytes Method: Flow cytometry / Microscopy	01	%	00 - 12
Eosinophils Method: Flow cytometry / Microscopy	01	%	01 - 06
R.B.C (Red Blood Cell Count) Method: Hydro dynamic Focusing DC Detection	3.63 L	Millions/cm m	4.50 - 5.50
PCV / HCt (Hematocrit) Method: RBC Pulse Height Detection	30.8 L	%	40.0 - 50.0
M.C.V. (Mean Corp Volume) Method: Calculated	84.8	Femtoliter	82.0 - 101.0
M.C.H (Mean Corp Hb) Method: Calculated	29.2	Picogram	27.0 - 32.0
M.C.H.C (Mean Corp Hb Conc) Method: Calculated	34.4	gm/dl	31.5 - 34.5
PLATELET COUNT Method: Hydro dynamic Focusing DC Detection	203	X10³/µL	150 - 450
RDW-CV Method: Calculated	12.9	%	11.6 - 14.0

L Abnormal Low AL Alert Low H Abnormal High AH Alert High

Dr. Tarun Mishra
M.D. (Path.)
UPMCI-23660

Checked by :

Page No: 1 of 3

Dr. Sakshi Mishra
M.D. (Path.)
UPMCI-29534

Comparative clinicopathological interpretation is indicated. In case of any disparity including machine error or typing error the test should be repeated immediately.

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Booking Time 07:29:53
Sample Collected 18/12/2025 07:40:04
Sample Received 18/12/2025 07:40:05
Reported On 18/12/2025 08:29:57

Date 18/12/2025 Patient ID: 102593202 Refd by Lab: G.G.NURSING HOME

Name: MR. B.B MAHESHWARI CCU-4 Age : 79 Yrs Sex: Male

Ref. By: DR. ARINJAY JAIN (M.D)

COLLECTION:ROUTINE PANEL

Test Name	Value	Unit	Biological Ref Interval

Red Cell Distribution Width (RDW) measures variation in Red Blood cell size. Elevated RDW suggests early nutritional dificiency such as iron, folate or Vitamin B12

PDW	12.0	fl	10.0 - 17.9
Mean Platelet Volume (MPV) Method: Calculated	10.6	fl	7.5 - 11.0

MPV is the measurement of the average size of Platelets. A High MPV with low Platelet Counts suggests the Bone Marrow is producing Platelets and releasing them into circulation rapidly

P-LCR Method: Calculated	28.7	%	11.0 - 45.0
Absolute Neutrophil Count Method: Calculated	13.28	X10³/µL	2.00 - 7.00
Absolute Lymphocyte Count Method: Calculated	1.51	X10³/µL	1.00 - 3.00
Absolute Monocyte Count Method: Calculated	0.15	X10³/µL	0.20 - 1.00
Absolute Eosinophil Count Method: Microscopy	0.15	X10³/µL	0.04 - 0.44

BIOCHEMISTRY

BLOOD UREA Method: Urease	57.30 H	mg/dl	16.60 - 48.50
SERUM CREATININE Method: Jaffe's reaction	0.75	mg/dl	0.70 - 1.20
SERUM SODIUM Method: Indirect ISE	132.30 L	mmol/L	136.00 - 145.00
SERUM POTASSIUM Method: Indirect ISE	4.42	mmol /L	3.50 - 5.10

L Abnormal Low AL Alert Low H Abnormal High AH Alert High

Dr. Tarun Mishra
M.D. (Path.)
UPMCI-29660

Checked by

Page No: 2 of 3

Dr. Sakshi Mishra
M.D. (Path.)
UPMCI-29534

Any kind of technical limitations, Correlate clinicopathological interpretation is indicated. In case of any disparity including machine error or typing error the test should be repeated immediately.

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Unit II- LG 21, Shanti Mall Complex Plaza, Delhi Gate, Agra (Reg. No. RMEE2111808)
Unit III- G 20, Near Sarthak Hospital, Kamla Nagar, Agra (Reg. No. RMEE2341535)

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Corporate Office : - 5/101 Sonth Ki Mandi, Mathura Road, Agra.
Ph:- 0562 - 4040026, Mob : 7534855577
Reg No : RMEE2227060

BILL

Bill No. : 25-26/16520 Date : 18/12/2025

Date : 17/12/2025 Patient Id : 102592846 Comp.: MR.VISHAL JAROLIYA

Name : MR. B.B MAHESHWARI CCU-4 Age : 79 Yrs Sex :Male

Ref.By: DR. ARINJAY JAIN (M.D)

B.Time : 08:32:51

Srl. No.	Investigations	Charge (Rs.)
1	C.B.C.	300
2	BLOOD UREA	140
3	SERUM CREATININE	140
4	NA+, K+	280
5	COLLECTION	50

Total charge Rs. 910

Rs. Nine Hundreds Ten Only

Total Charge : Rs. 910 Net Charge : Rs. 910 Total Received : Rs. 910 Booked By: ANUGARH_MESSY

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STANDARD PATHOLOGY

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Booking Time: 13:57:41
Sample Collected: 17/12/2025 14:00:19
Sample Received: 17/12/2025 14:00:21
Reported On: 17/12/2025 15:00:41

Date: 17/12/2025 Patient ID: 102592969

Name: MR. BANKEY BIHARI MAHESHWARI

Ref. By: DR. ARINJAY JAIN (M.D)

Refd by Lab: G.G.NURSING HOME

Age: 78 Yrs

Sex: Male

Sample Type: EDTA

Investigation: COLLECTION HBA1C

Test Name	Value	Unit	Biological Ref Interval
HAEMATOLOGY			
GLYCOSYLATED HAEMOGLOBIN (HbA1c)			
GLYCOSYLATED HAEMOGLOBIN (HbA1c)	7.00 H	%	Non Diabetic : <6.00 Good Control : 6.00 - 7.00 Fair Control : 7.00 - 8.00 Poor Control : >8.00
ESTIMATED AVERAGE GLUCOSE (eAG)	154.20 H	mg/dl	65.00 - 135.00

REMARKS :

In vitro quantitative determination of **HbA1c** in whole blood is utilized in long term monitoring of glycemia. The HbA1c lvevel correlates with the mean glucose concentration prevailing in the course of the patient's recent history (apporx - 8-12 weeks) and therefore provides much more reliable information for glycemia monitoring than determination of blood glucose or urinary glocose.

It is recommended that the determination of **HbA1c** be performed at intervals of 3-6 months during diabetes mellitus therapy. Results of **HbA1c** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Estimated average glucose (eAG) - There is a predictable relationship between HbA1c and eAG. It helps people with diabetes to correlate their A1c to daily glucose monitoring levels. It reflects the average glucose levels in the past 2-3 months. The eAG calculation convets the A1c percentage to the same units used by glucometers mg/dl. The following table shows the relationship of eAG and A1c.

HbA1c	eAG (mg/dl
5	97
6	126
7	154
8	183
9	212
10	240
11	269
12	298

**** End Of Report ****

L Abnormal Low AL Alert Low H Abnormal High AH Alert High

Dr. Tarun Mishra
M.D. (Path.)
UPMCI-23660

Checked by :

Dr. Sakshi Mishra
M.D. (Path.)
UPMCI-29534

Corroborative clinicopathological interpretation is indicated. In case of any disparity including machine error or typing error the test should be repeated immediately.

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Unit II- LG 01, Shanti Madhuvan Plaza, Delhi Gate, Agra (Reg. No. RMEE2111808)
Unit III- G 25, Near Sarthak Hospital, Kamla Nagar Agra (Reg. No. RMEE2341535)
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STANDARD PATHOLOGY

A unit of STANDARD PATH LAB LLP

MC-4433

Booking Time 08:32:51
Sample Collected 17/12/2025 08:38:57
Sample Received 17/12/2025 08:39:00
Reported On 17/12/2025 09:36:43

Date: 17/12/2025 Patient ID: 102592846 Refd by Lab: G.G.NURSING HOME

Name : MR. B.B MAHESHWARI CCU-4 Age : 79 Yrs Sex: Male

Ref. By: DR. ARINJAY JAIN (M.D)

Sample Type SERUM EDTA

Investigation BLOOD UREA,C.B.C. COLLECTION,NA+, K+ SERUM CREATININE

Test Name	Value	Unit	Biological Ref Interval
HAEMATOLOGY			
COMPLETE BLOOD COUNT (C.B.C.)			
Haemoglobin (Hb) Method: SLS Haemoglobin	10.8 L	gm/dl	13.0 - 17.0
TLC (Total Leucocyte Count) Method: Electrical Impedance	↑ 19610 H	/cu mm	4000 - 10000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
Neutrophils Method: Flow cytometry / Microscopy	90 H	%	45 - 70
Lymphocytes Method: Flow cytometry / Microscopy	08 L	%	20 - 45
Monocytes Method: Flow cytometry / Microscopy	01	%	00 - 12
Eosinophils Method: Flow cytometry / Microscopy	01	%	01 - 06
R B C (Red Blood Cell Count) Method: Hydro dynamic Focusing DC Detection	3.69 L	Millions/cm m	4.50 - 5.50
PCV / HCt (Hematocrit) Method: RBC Pulse Height Detection	31.3 L	%	40.0 - 50.0
M C V (Mean Corp Volume) Method: Calculated	84.8	Femtoliter	82.0 - 101.0
M C H (Mean Corp Hb) Method: Calculated	29.3	Picogram	27.0 - 32.0
M C H C (Mean Corp Hb Conc) Method: Calculated	34.5	gm/dl	31.5 - 34.5
PLATELET COUNT Method: Hydro dynamic Focusing DC Detection	193	$X10^3/\mu L$	150 - 450
RDW-CV Method: Calculated	12.8	%	11.6 - 14.0

L Abnormal Low AL Alert Low H Abnormal High AH Alert High

Dr. Tarun Mishra
M.D. (Path.)
UPMCI-23660

Checked by : DR. RAHUL MITTAL, DCP (Path)

Dr. Sakshi Mishra
M.D. (Path.)
UPMCI-29534

Test Below or Undetectable. Comparative clinicopathological interpretation is indicated. In case of any disparity including machine error or typing error the test should be repeated immediately.

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Unit III- G 25, Near Sushrut Hospital, Kamla Nagar Agra (Reg. No. RMEE2341535)
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STANDARD
PATHOLOGY

Date: 17/12/2025 Patient ID: 1027032640

Name: MR. S.B MAHESHWARI (CCU-4)

Ref. By: DR. ANSUJAY JAIN (M.D)

Visit No: 2025/12/0170

Visit Type: IPD

Visit Date: 17/12/2025

Visit Time: 08:15:17

Sample Collected: 17/12/2025 08:45:43

Sample Processed: 17/12/2025 08:45:43

Reported On: 17/12/2025 09:46:43

Visit by Lab: S.G NURSING HOME

Age: 78 Yrs

Sex: Male

Test Name	Value	Unit	Biological Ref Interval
PDW	12.3	fl	10.0 - 17.9
Mean Platelet Volume (MPV)	10.4	fl	7.2 - 11.7
P-LCR	28.4	%	11.2 - 45.0
Absolute Neutrophil Count	17.93	4/10*3/µL	2.00 - 7.00
Absolute Lymphocyte Count	1.37	4/10*3/µL	1.00 - 3.00
Absolute Monocyte Count	0.20	4/10*3/µL	0.20 - 1.00
Absolute Eosinophil Count	0.03	4/10*3/µL	0.04 - 0.44

BIOCHEMISTRY

BLOOD UREA	87.99 *	mg/dl	19.00 - 49.00
SERUM CREATININE	0.95	mg/dl	0.70 - 1.20
SERUM SODIUM	139.00 L	mmol/L	136.00 - 145.00
SERUM POTASSIUM	4.54	mmol/L	3.50 - 5.10

L- Abnormal Low AL- Alert Low H- Abnormal High AH- Alert High

Dr. Tanvir Mishra
M.D. (Path.)
UPMC/-23662

Checked by

Dr. Sakshi Mishra
M.D. (Path.)
UPMC/-29034

Page No. 2 of 3

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STANDARD PATHOLOGY

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Booking Time 08:32:51
Sample Collected 17/12/2025 08:38:57
Sample Received 17/12/2025 08:39:00
Reported On 17/12/2025 09:36:43

Date: 17/12/2025 Patient ID: 102592846

Name : MR. B.B MAHESHWARI CCU-4

Ref. By: DR. ARINJAY JAIN (M.D)

Refd by Lab: G.G.NURSING HOME

Age : 79 Yrs Sex: Male

Sample Type: SERUM EDTA

Investigation: BLOOD UREA,C B C COLLECTION,NA+, K+ SERUM CREATININE

Test Name	Value	Unit	Biological Ref Interval

**** End Of Report ****

Dr. Tarun Mishra
M.D. (Path.)
UPMCI-23050

Checked by :

DR. RAHUL MITTAL
DCP (Path)

Dr. Sakshi Mishra
M.D. (Path.)
UPMCI-29534

Clinical findings, Correlate your clinical pathological interpretation is indicated. In case of any discrepancy including machine error or typing error the test should be repeated immediately.

I- Dutta Complex, Rapur Chungi, Shamshabad Road, Agra (Reg. No. RMEE2227060)
G-LG 01, Sherlli Mediroven Plaza, Delhi Gate, Agra (Reg. No. RMEE2111606)
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G.G. Medical Institute And Research Centre

CT SCAN CENTRE

Managed by : Dr. Nikhil Sharma

PT. NAME: BANKEY BIHARI MAHESHWARI **AGE: 78 Y/M**
REFF BY: DR. ARINJAY JAIN, MD **DATE: 16.12.2025**

INVESTIGATION: NCCT HEAD

Results: *Contiguous axial sections were taken through the brain without the administration of intravenous contrast.*

Mild generalized prominence of ventricular and cisternal system, sulcal spaces and sylvian fissure- suggestive of age related diffuse cerebral atrophy.

Ill-defined areas of mild hypodensities are seen in bilateral frontoparietal periventricular white matter — suggestive of mild chronic ischemic demyelination.

Rest of the cerebral parenchyma shows normal attenuation values. No intra cranial bleed, collection or mass lesion is seen.

The cerebellar hemispheres and brain stem do not show any focal lesion.

The 3rd and 4th ventricle is normal in size and midline in position.

There is no midline shift.

The calvarium appears normal.

Visualized paranasal sinuses are normal.

IMPRESSION:

- **Age related diffuse cerebral atrophy.**
- **Ill-defined areas of mild hypodensities are seen in bilateral frontoparietal periventricular white matter — suggestive of mild chronic ischemic demyelination.**

Please correlate clinically.

The science of radiological diagnosis is based on interpretation of various images produced by normal and abnormal tissue with limitations of various modalities and different patient conditions during imaging. It may not always be conclusive. The report / diagnosis prepared by the radiologist is based on the clinical history provided to him / her by the patient or the clinician. This report needs to be interpreted only by competent and appropriate clinician treating the patient in background of clinical history & clinico-pathological correlation. This report was only prepared for the treatment purpose and not for medico-legal purpose, therefore the identification of patient with his or her ID proof or by other means was not done by the radiologist and the report was prepared on the bases of images provided. In case of any clinico-radiological discrepancy, or any human error like typing error or discrepancy of patient identity or any machine error, the patient or his clinician is requested to get it reviewed by the radiologist or center and get it rectified immediately.

DR.NIKHIL SHARMA, M.D.(RADIO-DIAGNOSIS)
CONSULTANT & INTERVENTIONAL RADIOLOGIST

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Visit ID	: ITD271113	Registration	: 16/Dec/2025 08:05PM
UHID/MR NO	: ITD.0000265949	Collected	: 16/Dec/2025 08:05PM
Patient NAME	: Mr.B.B MAHESHWARI [GGMI CCU-4]	Received	: 16/Dec/2025 09:11PM
Age/Gender	: 79 Y 0 M 0 D /M	Reported	: 16/Dec/2025 10:16PM
Ref Doctor	: Dr.ARINJAY JAIN (SR. CONS PH	STATUS	: Final Report
Remarks	:	CLIENT Detail	: G.G HOSPITAL/20
Barcode NO	: 10335459	CLIENT ADD	: AGRA

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM SODIUM				
Sample Type : SERUM				
SERUM SODIUM	**127.7**	mmol/L	136.0 - 145.0	ISE indirect

INTERPRETATION:
Sodium: Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.

SERUM POTASSIUM				
Sample Type : SERUM				
SERUM POTASSIUM	4.57	mmol/L	3.5 - 5.1	ISE indirect

INTERPRETATION:
Potassium: Potassium (K+) is the major intracellular cation. It regulates neuromuscular excitability, heart contractility, intracellular fluid volume, and hydrogen ion concentration.

Potassium : Potassium (K+) is the major intracellular cation. It regulates neuromuscular excitability, heart contractility, intracellular fluid volume, and hydrogen ion concentration.

*** End Of Report ***

Dr. Hemant Kumar	Dr. Arpit Agarwal	Dr. Anil Agarwal	Dr. Swamina Gupta
M.D.(Path)	M.D.(Path)	M.D.(Path & Bact)	M.D.(Path)
UPMCI No. 68709	UPMCI No. 8078	UPMCI No. 25706	UPMCI No. 58963

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G.G. Medical Institute And Research Centre

106/2, Sanjay Place, Agra-282002, ☎:- 0562-2853952, 4000666, 7088003805
M:- ggmedicalinstitute@gmail.com

Echocardiography Report

CW-4

NAME: Mr. Banke Bihari Maheshwari **AGE:** 78 Yrs / M **Date:** 16.12.2025

MITRAL VALVE:
Morphology : AML- Sclerosed
: PML- Sclerosed
Mitral Stenosis: Absent
Mitral Regurgitation: Trace

TRICUSPID VALVE:
Morphology : Normal
Tricuspid Stenosis: Absent
Tricuspid Regurgitation: Absent

PULMONARY VALVE:
Morphology : Normal
Pulmonary stenosis: Absent
Pulmonary regurgitation: Absent

AORTIC VALVE:
Morphology : Sclerosed
Aortic Stenosis: Absent
Aortic Regurgitation: Trivial

MEASUREMENT	NORMAL VALUES	MEASUREMENT	NORMAL VALUES
ART - 2.7cm	(2.0-3.7cm)		
LVed - 4.8cm	(3.2-5.5cm)	LVes - 3.1cm	(2.2 - 4.0cm)
IVSed - 1.4cm	(0.6-1.2cm)	IVSes - 1.7cm	
PWed - 1.2cm	(0.5-1.0cm)	LVPWes - 1.5cm	
LAes - 3.7cm	(1.9 - 4.0 cm)		
LVEF - 55%	(55%-80%)		

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M:- ggmedicalinstitute@gmail.com

CHAMBERS:

LV : Normal
Contraction: Normal
Regional wall motion abnormality: Absent

LA : Normal
RA : Normal
RV : Normal

PERICARDIUM: Normal

Final Impression:-

1. No Regional Wall Motion Abnormality. LVEF-55%.
2. **Concentric LVH.** No significant LVOT & mid cavity gradient. No S.A.M.
3. Normal cardiac chamber internal dimensions.
4. **Sclerosed mitral leaflets.**
   - **Trace Mitral Regurgitation.**
5. **Calcification on aortic cusps (Aortic sclerosis).**
   - **Trivial Aortic Regurgitation.**
6. Diastolic relaxation abnormality (a>e) **(Grade I LV diastolic dysfunction).**
7. IVC is normal in size.
8. Normal pericardium. No pericardial effusion.
9. No intracardiac clot /vegetation seen.

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M:- ggmedicalinstitute@gmail.com

Bankey Bihari Maheshwari CW-4 Date - 16/12/25

Age - 78y/M

USG ABDOMEN

LIVER — N

GALL BLADDER — N

PANCREAS — N

SPLEEN — N

KIDNEYS — N

URINARY BLADDER is empty, Foley's catheter in

No free fluid is seen in peritoneal cavity

Dr. Garg

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Final Report

ATOLOGY

Bio. Ref. Range	Method
13.0-17.0	Photometry
4.0-10.0	Electrical impedance
40-75	Microscopy/Flow cytometry
20-40	Microscopy/Flow cytometry
2-10	Microscopy/Flow cytometry
01-07	Microscopy/Flow cytometry
00-02	Microscopy/Flow cytometry
1.5-7.8	Automated Calculated
2.0-3.9	Automated Calculated
Adult: 0.02 - 0.5	
0.2-0.95	Automated Calculated
0.02-0.2	Automated Calculated
4.50-5.50	Impedance
40-50	Calculated
80-100	Automated/Calculated
27-32	Automated/Calculated

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Visit ID	: ITD270840
UHID/MR NO	: ITD.0000265690
Patient NAME	: Mr.B.B.MAHESHWARI [GGM1 CCU-4]
Age/Gender	: 79 Y 0 M 0 D /M
Ref Doctor	: Dr.ARINJAY JAIN (SR. CONS PH
Remarks	:
Barcode NO	: 10335136

Registration	: 16/Dec/2025 04:41AM
Collected	: 16/Dec/2025 04:42AM
Received	: 16/Dec/2025 04:47AM
Reported	: 16/Dec/2025 05:24AM
STATUS	: Final Report
CLIENT Detail	: G.G HOSPITAL/20
CLIENT ADD	: AGRA

DEPARTMENT OF HAEMATOLOGY

R.P 1ST

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC				
Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	10.8	g/dL	13.0-17.0	Photometry
TOTAL LEUCOCYTE COUNT (TLC)	14.75	x10^3 Cells/uL	4.0-10.0	Electrical impedance
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	86.7	%	40-75	Microscopy/Flow cytometry
LYMPHOCYTE	3.2	%	20-40	Microscopy/Flow cytometry
MONOCYTE	9.6	%	2-10	Microscopy/Flow cytometry
EOSINOPHIL	0.3	%	01-07	Microscopy/Flow cytometry
BASOPHIL	0.2	%	00-02	Microscopy/Flow cytometry
ABSOLUTE NEUTROPHIL COUNT	12.79	x10^3 Cells/uL	1.5-7.8	Automated Calculated
ABSOLUTE LYMPHOCYTE COUNT	0.47	x10^3 Cells/uL	2.0-3.9	Automated Calculated
ABSOLUTE EOSINOPHIL COUNT	0.04	x 10^3 cells/ul	Adult: 0.02 - 0.5	
ABSOLUTE MONOCYTE COUNT	1.42	x10^3 Cells/uL	0.2-0.95	Automated Calculated
ABSOLUTE BASOPHIL COUNT	0.03	x10^3 Cells/uL	0.02-0.2	Automated Calculated
RBC COUNT(RED BLOOD CELL COUNT)	3.73	million/cmm	4.50-5.50	Impedance
PCV/HAEMATOCRIT	32.2	%	40-50	Calculated
MCV	86.1	fL	80-100	Automated/Calculated
MCH	29	pg	27-32	Automated/Calculated

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Visit ID	: ITD270840	Registration	: 16/Dec/2025 04:41AM
UHID/MR NO	: ITD.0000265690	Collected	: 16/Dec/2025 04:42AM
Patient NAME	: Mr.B.B.MAHESHWARI [GGMI CCU-4]	Received	: 16/Dec/2025 04:47AM
Age/Gender	: 79 Y 0 M 0 D /M	Reported	: 16/Dec/2025 05:24AM
Ref Doctor	: Dr.ARINJAY JAIN (SR. CONS PH	STATUS	: Final Report
Remarks	:	CLIENT Detail	: G.G HOSPITAL/20
Barcode NO	: 10335136	CLIENT ADD	: AGRA

DEPARTMENT OF HAEMATOLOGY

R.P 1ST

Test Name	Result	Unit	Bio. Ref. Range	Method
MCHC	33.7	g/dl	32-36	Automated/Calculated
RDW-CV	13.8	%	11.5-14.5	Automated/Calculated
PLATELET COUNT	202	$x 10^3/mm^3$	150 - 450	Electrical impedance
MPV	9.1	fL	8.60-15.50	Calculated
P-LCR	26.9	%	0-100	
RDW-SD	35.3	fL	39-46	Calculated
PDW	11.1	fL	8.30-25.00	Calculated
PCT	0.184	%	0.15-0.62	

INTERPRETATION

Abnormal results may indicate:

- Anemia (low Hb, Hct, or RBC)
- Infection or inflammation (high WBC)
- Bleeding disorders or thrombocytopenia (low platelet count)
- Leukemia or bone marrow disorders (abnormal WBC count or differential)

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Visit ID	: ITD270840	Registration	: 16/Dec/2025 04:41AM
UHID/MR NO	: ITD.0000265690	Collected	: 16/Dec/2025 04:42AM
Patient NAME	: Mr.B.B.MAHESHWARI (GGMI CCU-4)	Received	: 16/Dec/2025 04:47AM
Age/Gender	: 79 Y 0 M 0 D /M	Reported	: 16/Dec/2025 07:03AM
Ref Doctor	: Dr.ARINJAY JAIN (SR. CONS PH	STATUS	: Final Report
Remarks	:	CLIENT Detail	: G.G HOSPITAL/20
Barcode NO	: 10335136	CLIENT ADD	: AGRA

DEPARTMENT OF HAEMATOLOGY

R.P 1ST

Test Name	Result	Unit	Bio. Ref. Range	Method
ESR (ERYTHROCYTE SEDIMENTATION RATE)				
Sample Type : WHOLE BLOOD EDTA				
ERYTHROCYTE SEDIMENTATION RATE	16	mm in 1st hr	0-20	Westergren

INTERPRETATION
ESR is an acute phase reactant that indicates the presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases.

NOTE- As per ICSH guidelines ESR should not be relied upon in cases with Hb < 4.0 g%.

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MC 8402

Visit ID	: ITD270840	Registration	: 16/Dec/2025 04:41AM
UHID/MR NO	: ITD.0000265690	Collected	: 16/Dec/2025 04:42AM
Patient NAME	: Mr.B.B.MAHESHWARI [GGMI CCU-4]	Received	: 16/Dec/2025 04:47AM
Age/Gender	: 79 Y 0 M 0 D /M	Reported	: 16/Dec/2025 07:03AM
Ref Doctor	: Dr.ARINJAY JAIN (SR. CONS PH	STATUS	: Final Report
Remarks	:	CLIENT Detail	: G.G HOSPITAL/20
Barcode NO	: 10335136	CLIENT ADD	: AGRA

DEPARTMENT OF BIOCHEMISTRY

R.P 1ST

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL BILIRUBIN				
Sample Type : SERUM				
TOTAL BILIRUBIN	1.4	mg/dL	0.2 - 1.0	VANADATE OXIDATION

INTERPRETATION:
Bilirubin Total : Hyperbilirubinemia may be due to increased bilirubin production (e.g., hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (e.g., obstruction and hepatitis), and abnormal bilirubin metabolism (e.g., hereditary and neonatal jaundice). Unconjugated hyperbilirubinemia is seen in newborn and known as physiological jaundice.

CONJUGATED (D. Bilirubin)	0.7	mg/dl	0.00-0.3	Vanadate oxidation

INTERPRETATION:
Bilirubin Direct : Direct bilirubin is a measurement of conjugated bilirubin. Jaundice can occur as a result of increased bilirubin production (e.g., hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (e.g., obstruction and hepatitis), and abnormal bilirubin metabolism (e.g., hereditary and neonatal jaundice).

UNCONJUGATED (I.D. Bilirubin)	0.7	mg/dl	0.1-1.1	Calculated

INTERPRETATION:
Bilirubin Indirect : Indirect bilirubin is a measurement of unconjugated bilirubin.The indirect bilirubin level is (elevated/normal), which may indicate (hemolysis, Gilbert's syndrome, or increased bilirubin production) if elevated, or (no significant hemolysis or bilirubin metabolism issues) if normal.

SGOT (AST)				
Sample Type : SERUM				
SGOT	26	U/L	00 - 34	Modified IFCC

INTERPRETATION
- SGOT (Serum Glutamate Oxaloacetate Transaminase) or AST (Aspartate Aminotransferase) is an enzyme present(as intramitochondrial & extramitochondrial forms) in all body tissues including Liver, Heart and Muscles.
- It should be noted that in alcoholics due to Vitamin B6 deficiency, assays of both AST & ALT may show normal to low levels.
- In end-stage cirrhosis levels of both AST & ALT may be low as a result of massive tissue destruction.

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MC 6402

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Visit ID	: ITD270840
UHID/ MR NO	: ITD.0000265690
Patient NAME	: Mr.B.B.MAHESHWARI [GGMI CCU-4]
Age/Gender	: 79 Y 0 M 0 D /M
Ref Doctor	: Dr.ARINJAY JAIN (SR. CONS PH
Remarks	:
Barcode NO	: 10335136

Registration	: 16/Dec/2025 04:41AM
Collected	: 16/Dec/2025 04:42AM
Received	: 16/Dec/2025 04:47AM
Reported	: 16/Dec/2025 07:03AM
STATUS	: Final Report
CLIENT Detail	: G.G HOSPITAL/20
CLIENT ADD	: AGRA

DEPARTMENT OF BIOCHEMISTRY

R.P 1ST

Test Name	Result	Unit	Bio. Ref. Range	Method
SGPT (ALT)				
Sample Type : SERUM				
SGPT	15	U/L	0 - 49	Modified IFCC

INTERPRETATION
- SGPT (Serum Glutamate Pyruvate Transaminase) or ALT (Alanine Aminotransferase) is an enzyme found (as intramitochondrial form only) primarily in Liver along with some amounts in Kidney.
- It should be noted that in Alcoholics due to Vitamin B6 deficiency, assays of both AST & ALT may show normal to low levels.
- In end-stage cirrhosis levels of both AST & ALT may be low as a result of massive tissue destruction.

SERUM UREA				
Sample Type : SERUM				
SERUM UREA	22	mg/dL	12 - 49	Urease Colorimetric

INTERPRETATION
Urea: Elevated: May indicate kidney disease or dysfunction, dehydration, high-protein diet, or catabolic state.
Decreased: May indicate liver disease, malnutrition, or overhydration.

SERUM CREATININE				
Sample Type : SERUM				
SERUM CREATININE	1.19	mg/dl	0.70 - 1.30	Alkalin Picrate - Kinetic

INTERPRETATION
Creatinine : 0- 4 days: 0.3 - 1.2 mg/dL
5 days - 2 month: 0.2 - 0.4 mg/dL
2 month - 18 year: 0.3 - 0.7 mg/dL
Male : 0.70 - 1.30 mg/dL
Female : 0.55 - 1.02 mg/dL
Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.

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Visit ID	: ITD270840
UHID/MR NO	: ITD.0000265690
Patient NAME	: Mr.B.B.MAHESHWARI [GGHI CCU-4]
Age/Gender	: 79 Y 0 M 0 D /M
Ref Doctor	: Dr.ARINJAY JAIN (SR. CONS PH
Remarks	:
Barcode NO	: 10335136

Registration	: 16/Dec/2025 04:41AM
Collected	: 16/Dec/2025 04:42AM
Received	: 16/Dec/2025 04:47AM
Reported	: 16/Dec/2025 07:03AM
STATUS	: Final Report
CLIENT Detail	: G.G HOSPITAL/20
CLIENT ADD	: AGRA

DEPARTMENT OF BIOCHEMISTRY

R.P 1ST

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM SODIUM				
Sample Type : SERUM				
SERUM SODIUM	123.8 ↓	mmol/L	136.0 - 145.0	ISE indirect

INTERPRETATION:
Sodium: Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.

SERUM POTASSIUM				
Sample Type : SERUM				
SERUM POTASSIUM	4.32	mmol/L	3.5 - 5.1	ISE indirect

INTERPRETATION:
Potassium: Potassium (K+) is the major intracellular cation. It regulates neuromuscular excitability, heart contractility, intracellular fluid volume, and hydrogen ion concentration.

Potassium : Potassium (K+) is the major intracellular cation. It regulates neuromuscular excitability, heart contractility, intracellular fluid volume, and hydrogen ion concentration.

PLASMA GLUCOSE - RANDOM				
Sample Type : FLOURIDE PLASMA (R)				
Plasma Glucose-RANDOM	139	mg/dl	60 - 200	Hexokinase

INTERPRETATION :
Neonates (1day) **40 - 60** **Neonates (> 1 day)** **50 - 80**
NOTE : Hemoglobin A1c test, also called HbA1c (Glycosylated hemoglobin test, or glycohemoglobin), is an important blood test which provides an average of your blood sugar control over the past 2 to 3 months and is used along with blood sugar monitoring to make adjustments in your diabetes medicines. Staying active with training, walking, jogging or yoga, helps keep diabetes under control.

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Patient NAME	: Mr.B.B.MAHESHWARI [GGMI CCU-4]	Received	: 16/Dec/2025 04:47AM
Age/Gender	: 79 Y 0 M 0 D /M	Reported	: 16/Dec/2025 05:25AM
Ref Doctor	: Dr.ARINJAY JAIN (SR. CONS PH	STATUS	: Final Report
Remarks	:	CLIENT Detail	: G.G HOSPITAL/20
Barcode NO	: 10335136	CLIENT ADD	: AGRA

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBsAg ULTRA*				
Sample Type : SERUM				
HBsAg ULTRA*	NEGATIVE			
S/CO (SAMPLE/CUT-OFF) Hbsag	0.08	Index cut off	0.0 - 0.89	CLIA

INTERPRETATION:

Test Value	Results
Negative	0.00 - 0.12
Positive	≥ 0.13

Comment :This is a screening test, not for confirmation.

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Age/Gender	: 79 Y 0 M 0 D /M	Reported	: 16/Dec/2025 07:02AM
Ref Doctor	: Dr.ARINJAY JAIN (SR. CONS PH	STATUS	: Final Report
Remarks	:	CLIENT Detail	: G.G HOSPITAL/20
Barcode NO	: 10335136	CLIENT ADD	: AGRA

DEPARTMENT OF HORMONE ASSAYS

R.P 1ST

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM TSH				
Sample Type : SERUM				
TSH Ultra Sensitive	0.582	mIU/L	0.55 - 4.78	CLIA

REFERENCE RANGE :

PREGNANCY	TSH in mIU/L
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 – 4.04

(References range recommended by the American Thyroid Association)

Comments:

1. TSH levels are subject to circadian variation.The variation of the day has influence on the measured serum TSH concentrations.

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Ref Doctor	: Dr.ARINJAY JAIN (SR. CONS PH	STATUS	: Final Report
Remarks	:	CLIENT Detail	: G.G HOSPITAL/20
Barcode NO	: 10335136	CLIENT ADD	: AGRA

DEPARTMENT OF IMMUNOLOGY - SEROLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
HIV TEST DUO ULTRA ANTIGEN/ANTIBODY COMBINED*				
Sample Type : SERUM				
HIV ANTIBODY	NEGATIVE			ELISA/CMIA
S/CO (SAMPLE RATE/CUT-OFF RATE) HIV	0.05		0 - 0.89	

Assayed using Chemiluminescence Immunoassay (CLIA)

INTERPRETATION :

Test Value	Results
Negative	< 0.9
Borderline	≥ 0.9 and < 1.0
Positive	≥ 1.00

* This is a Enhanced Chemiluminiscent Enzyme Immunoassay for simultaneous quantitative detection of HIV (1 & II) as well as HIV P24 Antigen.
* This is a screening test. A positive test result is NOT a diagnosis of AIDS.

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Remarks	:	CLIENT Detail	: G.G HOSPITAL/20
Barcode NO	: 10335136	CLIENT ADD	: AGRA

DEPARTMENT OF IMMUNOLOGY - SEROLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
ANTI HCV (HEPATITIS - C)				
Sample Type : SERUM				
ANTI HCV (HEPATITIS - C)	NEGATIVE		REFER INTERPRETATION :	CLIA
S/CO (SAMPLE/CUT-OFF) Hcv	0.06		0 - 0.89	CLIA

Assayed using Chemiluminescence Immunoassay (CLIA)

INTERPRETATION :

Test Value Results

Negative < 0.90
Positive ≥ 1.00
Borderline ≥ 0.90 - < 1.00

NOTE : This is only a screening test.

*** End Of Report ***

Dr. Hemant Kumar M.D.(Path) UPMCI No. 60709

Dr. Arpit Agarwal M.D.(Path) UPMCI No. 8078

Dr. Anil Agarwal M.D.(Path & Bact) UPMCI No. 25706

Dr. Swamima Gupta M.D.(Path) UPMCI No. 86963

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UHID/MR NO	: ITD.0000265690	Collected	: 16/Dec/2025 04:42AM
Patient NAME	: Mr.B.B.MAHESHWARI [GGMI CCU-4]	Received	: 16/Dec/2025 04:47AM
Age/Gender	: 79 Y 0 M 0 D /M	Reported	: 16/Dec/2025 08:34AM
Ref Doctor	: Dr.ARINJAY JAIN (SR. CONS PH	STATUS	: Final Report
Remarks	:	CLIENT Detail	: G.G HOSPITAL/20
Barcode NO	: 10335136	CLIENT ADD	: AGRA

DEPARTMENT OF HAEMATOLOGY

R.P 1ST

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO & RH				
Sample Type : WHOLE BLOOD EDTA				
BLOOD GROUP ABO*	B POSITIVE			Gel Columns agglutination

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.

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DEPARTMENT OF HAEMATOLOGY

R.P 1ST

Test Name	Result	Unit	Bio. Ref. Range	Method

BLOOD C...

10335136 R+

B

RH

Check Name on Bar...

and Tube (Pen)

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Patient NAME	: Mr.B.B.MAHESHWARI [GGMI CCU-4]	Received	: 16/Dec/2025 04:47AM
Age/Gender	: 79 Y 0 M 0 D /M	Reported	: 16/Dec/2025 09:00AM
Ref Doctor	: Dr.ARINJAY JAIN (SR. CONS PH	STATUS	: Final Report
Remarks	:	CLIENT Detail	: G.G HOSPITAL/20
Barcode NO	: 10335136	CLIENT ADD	: AGRA

DEPARTMENT OF CLINICAL PATHOLOGY

R.P 1ST

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE ROUTINE EXAMINATION				
Sample Type : URINE				
PHYSICAL EXAMINATION				
QUANTITY	20	ML	0-50	
COLOUR	YELLOW		PALE YELLOW	
TRANSPARENCY	CLEAR		Clear	
DEPOSIT	NIL			
pH	6.0		4.6 - 8.0	Double Indicator
SPECIFIC GRAVITY	1.015		1.010 - 1.030	
CHEMICAL EXAMINATION				
PROTEIN	NIL		Nil	Protein - error of pH Indicator
SUGAR	NIL	mg/dl		

- Exudates & transudates can be distinguished on the basis of total protein above (exudate) or below (transudate) 3.0 g/dL.
- Decreased fluid glucose (<60 mg/dL) is commonly associated with exudative collections.
- Exudates are most commonly associated with pneumonia, tuberculosis and malignancy.

NITRITE	NIL		Nil	Diazotization Reaction
UROBILINOGEN	NORMAL		Nil	Ehrlichs Reaction
BILIRUBIN	NIL		Nil	Azo-coupling Reaction
BILE PIGMENT	NIL			
PHOSPHATES	NIL		Nil	Heat Reaction
KETONE BODIES	NIL		Nil	Legals Nitroprasside
MICROSCOPIC EXAMINATION				
PUS CELLS (LEUCOCYTES)	2-3	cells/HPF	0-5	
R.B.C (ERYTHROCYTES)	NIL	Cells/HPF	0-1	
EPITHELIAL CELLS	1-2	Cells/HPF	0 - 15	

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DEPARTMENT OF CLINICAL PATHOLOGY

R.P 1ST

Test Name	Result	Unit	Bio. Ref. Range	Method
CASTS	NIL			
TYPE OF PATHOGENIC CASTS	No Casts Seen			
CRYSTALS	NIL	Nil	Nil	
YEAST LIKE CELLS	No fungal elements seen			
DYSMORPHIC R.B.C	0			

INTERPRETATION

Abnormal results may indicate:

- Urinary tract infections (UTIs)
- Kidney disease or damage
- Diabetes
- Liver disease
- Dehydration

Drink 3-4 litres of water a day , unless clinically contraindicated.
Drinking enough water will ensure your body removes waste substances leading to a healthy blood.

*** End Of Report ***

Dr. Arpit Agarwal	Dr. Hemant Kumar	Dr. Anil Agarwal	Dr. Swarnima Gupta
M.D (Path)	M.D.(Path)	M.D.(Path & Bact)	M.D.(Path)
UPMCI No. 0078	UPMCI No. 60709	UPMCI No. 25705	UPMCI No. 56963

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Visit ID	: ITD270839	Registration	: 16/Dec/2025 04:39AM
UHID/MR NO	: ITD.0000265689	Collected	: 16/Dec/2025 04:42AM
Patient NAME	: Mr.B.B MAHESHWARI [GGMI CCU-4]	Received	: 16/Dec/2025 04:47AM
Age/Gender	: 79 Y 0 M 0 D /M	Reported	: 16/Dec/2025 04:54AM
Ref Doctor	: Dr.ARINJAY JAIN (SR. CONS PH	STATUS	: Final Report
Remarks	:	CLIENT Detail	: G.G HOSPITAL/20
Barcode NO	: 10335135	CLIENT ADD	: AGRA

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
ARTERIAL BLOOD GAS ANALYSIS				
Sample Type : LITHIUM HEPARIN				
BAROMETER PRESSURE				
pH.	7.447		7.350 - 7.450	Double Indicator
PCO2	28.6	mmHg	35 - 45	
PO2	110.8	mmHg	80 - 100	
BE	-5	mmol/L		
BEecf	-6.3	mmol/L		
BB	19.5	mmol/L		
cHCO3	17.8	mmol/L	22 - 26	
SO2 (c)	99.5	%	95 - 100	
ctCO2 (B)	18.6	mmol/L	0 - 0	
pH st	7.447		0 - 0	
ctO2 (a)	15.8	mL/dL	0 - 0	
ctCO2 (P)	29.60	vol%	0 - 0	
H+	42.4	nmol/L	0 - 0	
AaDO2	156.9	mmHg		
cHCO3 st	20.4	mmol/Lmmol/L	0 - 0	
A G	16.1	mmol/L		
O s m	250.9	mmol/L		
ELECTROLYTES				
Na +	121.4	mmol/L	135 - 148	
K +	3.48	mmol/L	3.5 - 4.5	
Ca	0.84	mmol/L	1.12 - 1.32	
Cl	91	mmol/L	98 - 107	
METABOLITE				
GLUCOSE	146	mg/dL	60 - 110	
LACTATE	1.75	mmol/L	0.4-2.2	COLORIMETRY
Hb Derivatives				
tHb	11.5	g/dL	11.5 - 17.4	

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
SO2	99.2	%	75 - 99	
O2 Hb	98.7	%	95 - 99	
COHb	0.4	%	0.5 - 2.5	
HHb	0.6	%	1 - 5	
MetHb	0.3	%	0.4 - 1.5	
Bil	<2	mg/dL		

*** End Of Report ***

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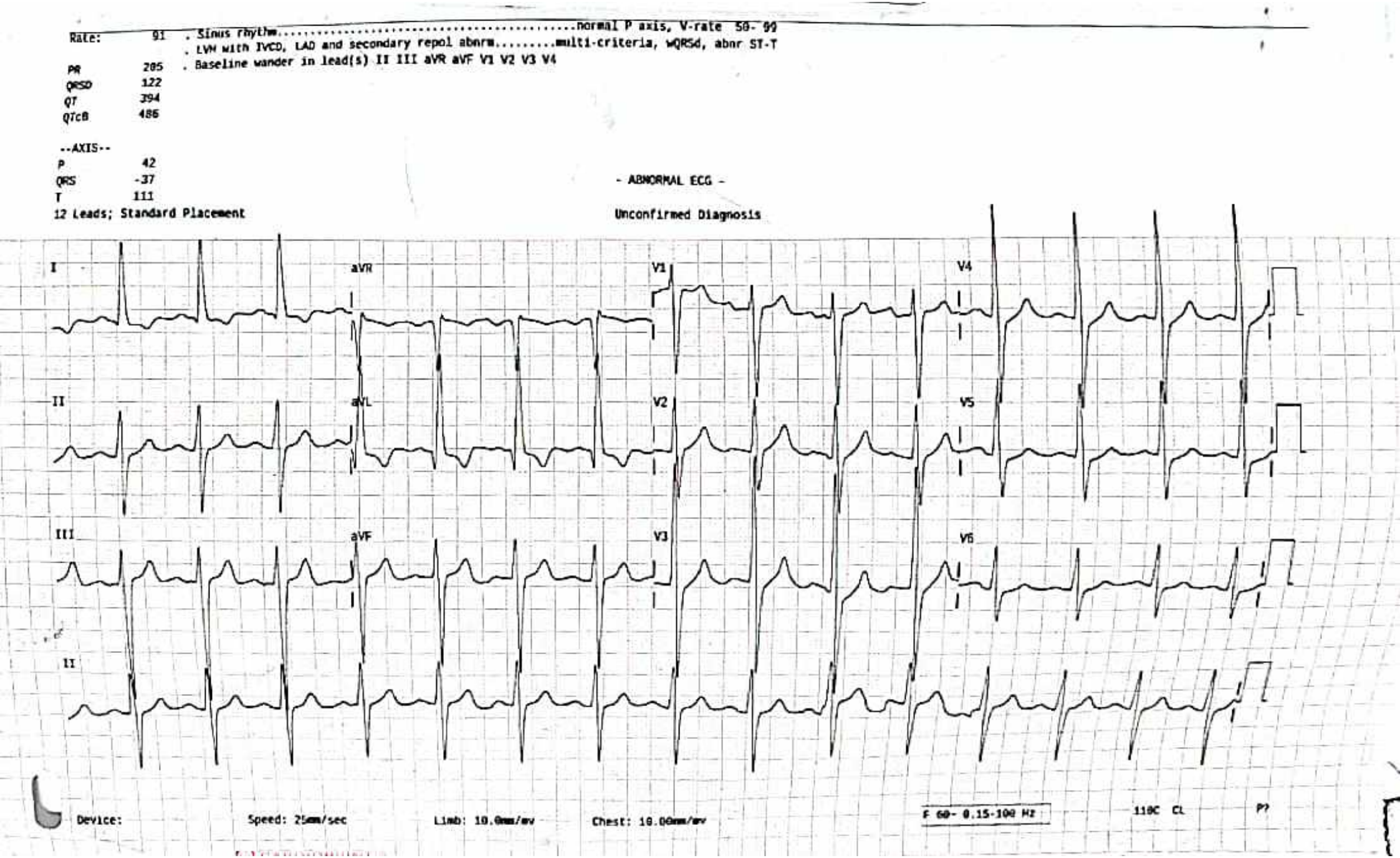

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